

Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City

State

L

Zip

42305

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of ony group, organization or other entity.)

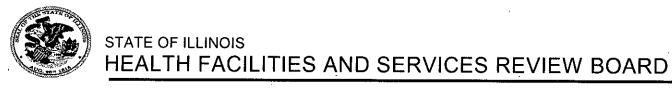
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

About 15 Position (Circle appropriate position)

Support

Oppose

Neutral



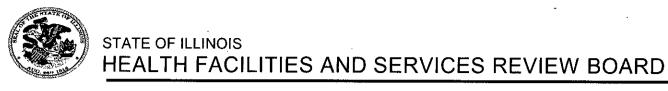
international control	
IDENTIFICATION Name (Please F	Francis Huse P
City <u>Can</u>	
REPRESENTAT	ION (This section is to be filled if the witness is appearing on behalf of any group, organization or other
Entity, Organiz	eation, etc. represented in this appearance (i.e., ABC Concerned Citizens for
Health Care)	Blessing Hospital
····	
POSITION (Cir	cle appropriate position)
Support	Oppose Neutral



Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

I.	Name (Please Print)	one Proy	
	city Ovina	State	Zip (0 23 C/
11.	REPRESENTATION (This section is to entity.)	be filled if the witness is appearing on	behalf of any group, organization or other
	Entity, Organization, etc. represented Health Care) CanCerned	A) a	e., ABC Concerned Citizens for
			,
Ш.	POSITION (Circle appropriate p	osition)	
	Support	Oppose	Neutral



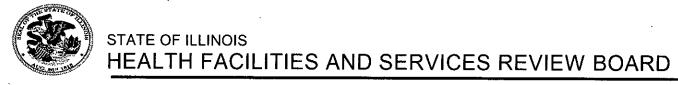
Project N	Number: 18-042
1.	Name (Please Print) Ashley Shaffer City Waine state zip 62349
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) BUSING HOSPITCH Director of NVSing Operations
III.	POSITION (Circle appropriate position) Support Oppose Neutral



Project	Number: 18-042
l.	IDENTIFICATION JUDINE GOELLNEr Name (Please Print) JUDINE GOELLNEr City Palmyra State MO zip 63461
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care). Sydem
III.	POSITION (Circle appropriate position)
• •	Support Oppose Neutral



Facility (Name: Quincy Medical Group Surgery, Quincy
Project I	Number: 18-042
I.	Name (Please Print) Jessich Moore
	City Quincy State IL zip 62301
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blessing Hospital
	·
HI.	POSITION (Circle appropriate position) Support Oppose Neutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION SAME State III. State IIII. POSITION (Circle appropriate position)

Support Number: 18-042

I. IDENTIFICATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

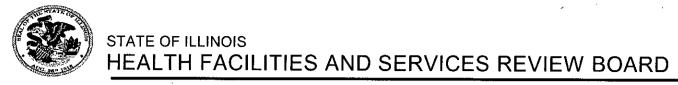
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



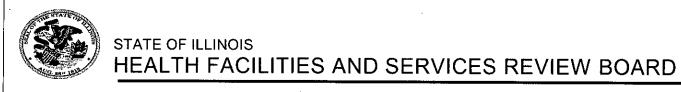
oject	Number: 18-042
I.	Name (Please Print) Jayre Piper City Quincy State IC zip 62303
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) BIESING HEALTH System
III.	POSITION (Circle appropriate position) Support Oppose Neutral



Project N	lumber: 18-042
l.	Name (Please Print) Jenna Crabtree
	City Duinas State Il zip 4230
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Blessing Bieman Callege
	1x norsing & Health Sciences
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project N	Number: 18-042
l.	Name (Please Print) Diana Rensh City Fowlor State zip_62338
′ II	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blessing Hospital - Nurse Manager OR/cva
	·
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 18-042

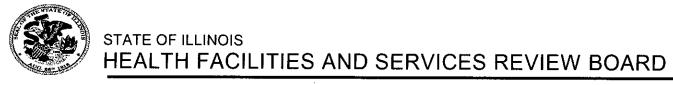
Support

Facility Name: Quincy Medical Group Surgery, Quincy

Public Hearing Appearance Only Registration Form

City Qu	IN.C 01	State	\mathcal{L}		Zip_	6
· CITY	(VIC)				z.p	U/\
REPRESENTA	TION (This section is	to be filled if the wi	tness is appearing o	n behalf of any	group, organ	nization
entity.)					•	
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Health Care)	Bless	19				
c		J				
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Neutral



Project Number: 18-042				
l.	IDENTIFICATION Name (Please Print) Tan Akright			
	City Wiry State In Zip 62305			
II .	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other			
	entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for			
	Health Care)			
	Blassing-Rubaan Collage of nutsing			
	and Harth Sciences			
III.	POSITION (Circle appropriate position)			
	Support Oppose Neutral			



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

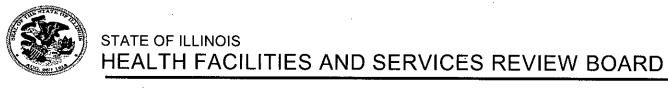
Project I	Number: 18-042
I.	IDENTIFICATION Name (Please Print) LECTION STATEMENT OF THE PRINT OF
,	City NAU JOO State IL zip 67354
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Blossins Fealth Sylem
	· ·
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



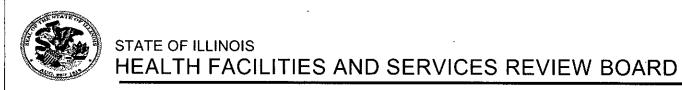
Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

l.	Name (Please Print) Debbie Heinecke
	city Timewell state IL zip 62375
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Blessing Hospital
Ш.	POSITION (Circle appropriate position)
	Support Oppose) Neutral



Project Number: 18-042		
l.	IDENTIFICATION Name (Please Print) Melissa Vah / Ramp	
	City Quency State II zip 62305	
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)	
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for	
	Health Care)	
III.	POSITION (Circle appropriate position)	
	Support (Oppose) Neutral	



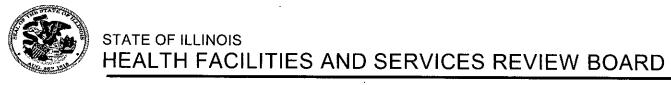
Facility Name: Quincy Medical Group Surgery, Quincy

Project	Number: 18-042
L'	Name (Please Print) Jayre Fry - (2230)
٠	City $\frac{\mathcal{C}(\mathcal{A})\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}\mathcal{A}$
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	blessing Corporate Jernas
	private citizen
•	
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral

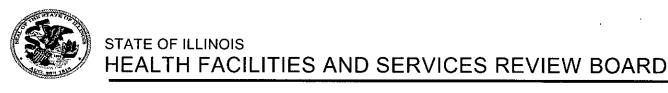


Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION Name (Please Print) City State State Zip II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, or entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerne	
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, or entity.)	
entity.)	(e2305
	organization or other
Entity, Organization, etc. represented in this appearaging (nei) no contacting	ed Citizens for
Health Care) Sless cag HOSPU FO	2
·	
III. POSITION (Circle appropriate position)	,
Support Oppose Neutral	



Project N	Number: 18-042
l.	Name (Please Print) Michelle Mock
	City Quincy State 1 Zip 62305
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Blessing Health System
	Community Member
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION And My City State IL Zip G 2505

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

BUSSING HOSP THAL

III. POSITION (Circle appropriate position)

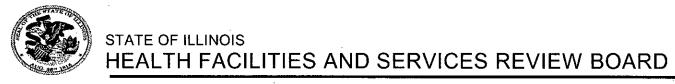
Support Oppose Neutral



Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

1.	IDENTIFICATION	~ 11	_	
	Name (Please Print)	re Jumin	S	
,	City Chuc	State(zip 6230/
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11.	REPRESENTATION (This section is to be	e filled if the witness is appe	aring on behalf of any gi	roup, organization or other
	entity.) Entity, Organization, etc. represe	ented in this appeara	nce (i.e., ABC Con	cerned Citizens for
	Health Care) (CSSING	Hospite/	/	
			· ·	
111.	POSITION (Circle appropriate po	sition)		
	Support	Oppose	Neutral	



Support

Public Hearing Appearance Only Registration Form

Project I	Number: 18-042
1.	IDENTIFICATION Name (Please Print) Bridget Kennington
	city Quincy State IL zip @2305
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blessing Hospital
III.	POSITION (Circle appropriate position)

Neutral



Project Number: 18-042		
I.	IDENTIFICATION Name (Please Print) Amanda Tryba	
	city Quincy State L zip 62305	
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)	
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for	
	Health Care) BUSSING HUSDIHal	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	

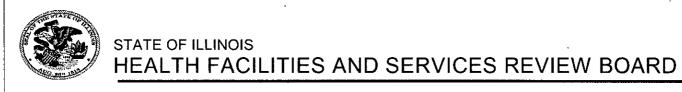


Name (Please Print) MELISSA SORRILL
City DUINCY State State Zip
REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
BLESSING HOSPITAL, COMMUNITY MEM
·
POSITION (Circle appropriate position)
Support Oppose Neutral



Project Number: 18-042

1.	Name (Please Print) PEGGY AUSIN
	City Ory State D Zip 62305
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	1317551149 1708 11101
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Facility	Name: Quincy Medical Group Surgery, Quincy
Project	Number: 18-042
l.	IDENTIFICATION Name (Please Print) Karla Paris
	City AttACY Fower state Il. zip 62338
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blessing Health System
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION TAPA POWER

City UBERM State Zip 62347

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

BUSS ING HOPM

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project Number: 18-042		
١.	IDENTIFICATION Name (Please Print) IMOTHY A MOORE	
	City QUINCY State IL Zip 62705	
· II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)	
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) RUESSING HOSPITAL	
	· · · · · · · · · · · · · · · · · · ·	
III.	POSITION (Circle appropriate position)	
	Support Oppose Neutral	



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION Name (Please Print) Judy Hays

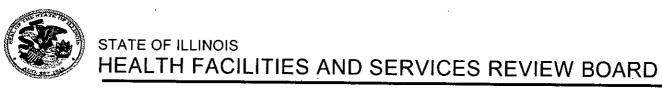
City State | L zip 62301

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

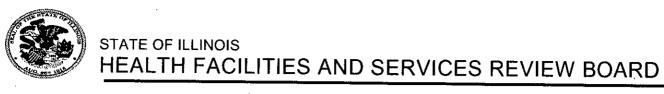
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

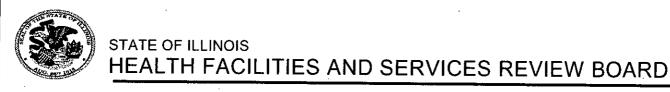
Support Oppose Neutral



Project I.	IDENTIFICATION THE PART OF TH
	Name (Please Print) <u>EVONNE</u> REPPNEN City <u>Quincy</u> State <u>IL</u> zip 62301
lí.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 18-042					
i.	IDENTIFICATION Name (Please Print) VAN LONG				
	city La Grange State Mo zip 63448				
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization of entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizen Health Care)				
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III.	POSITION (Circle appropriate position)				
	Support Oppose Neutral				



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Shanner Kuida

City Quikay State IL Zip 67305

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)
Support Oppose Neutral



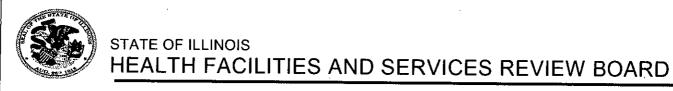
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION MARY AM DICKSON

City State To Journal William State



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City

State

State

To be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity. Organization, etc. represented in this appearance (i.e. ABC Concerned Citizens for

entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)				

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION Name (Please Print) Alan Comstock

City Palmyna State MD zip 3 4(a)

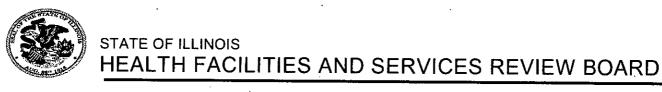
II. REPRESENTATION (This section is to be filled if the witness is appearing an behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Concerned Citizen

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Public Hearing Appearance Only Registration Form



Facility Name: Quincy Medical Group Surgery, Quincy

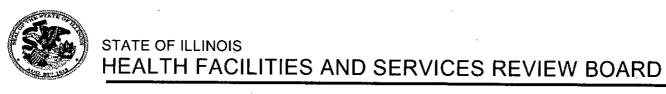
Project Number: 18-042

1.	Name (Please Print) Nancy Campbell
	Name (Please Print) / VANCY CAMP DE "
	City Quinay State 12 Zip (231)
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) ancerned citizen
	& BD Employee
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



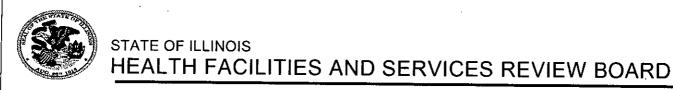
Public Hearing Appearance Only Registration Form

Project N	Number: 18-042
l.	Name (Please Print) Lawra Triplett
	City
If.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blessing Hospital
111.	POSITION (Circle appropriate position)
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 18-042

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• •	rganization, etc	. represente	d in this ap	pearance	(i.e., ABC C	oncerne	d Citizens for
Health Ca		sing					
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Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

State

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City

City

City

State

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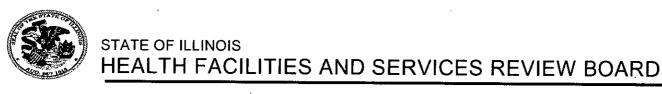
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

City Quivay

State TL

Zip

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

DICSSING Hospital

III. POSITION (Circle appropriate position)
Support

Oppose

Neutral



Public Hearing Appearance Only Registration Form

roject	Number: 18-042
l.	Name (Please Print) Jeri A. On boy
	city Quincy State IL zip 62301
11.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Blessing Hospital
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



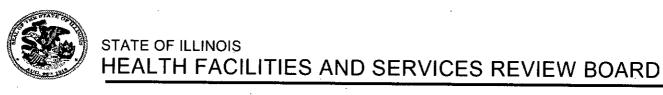
Public Hearing Appearance Only Registration Form

Project I	Number: 18-042
l.	Name (Please Print) H. Richard Wand
	Name (Please Print) H. Richard Wand City Quincy State IL Zip 62305
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
·	
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

Project	Number: 18-042
l.	Name (Please Print) Dept Lane, M.D.
	City Taylor State Mo Zip 63471
н.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for
	Health Care) Blessy Health System.
•	
113.	POSITION (Circle appropriate position)
	Support Oppose Neutral
	Laino.



Public Hearing Appearance Only Registration Form



Public Hearing Appearance Only Registration Form

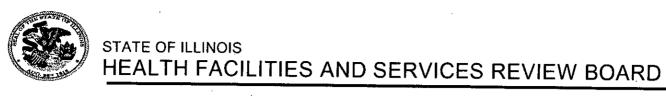
Project Number: 18-0

IDENTIFICATION Name (Please Print) _	Dan	. e Mo.	97L		
City Quincy	s	State	T/	zip623	2
REPRESENTATION (Ti	nis section is to be filled if t	he witness is appea	ring on behalf of a	any group, organization	n or oti
Entity, Organization, Health Care)	etc. represented in	ı this appearar	nce (i.e., ABC	Concerned Citize	ens fo
					
			-		
POSITION (Circle app	ropriate position)				
Support					



Public Hearing Appearance Only Registration Form

Project Number: 18-042					
1.	IDENTIFICATION Name (Please Print)				
	city Hannibal State MO Zip 6340]				
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)				
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Concerned Citizen for healthcape				
111.	POSITION (Circle appropriate position)				
	Support Oppose Neutral				



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION STOUCH MAJOR FOLIAL City Affact State Illinois Zip 6230)

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

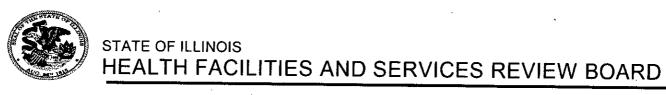
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

HOSITION (Circle appropriate position)

Support

Oppose

Neutral



Project N	Number: 18-042
l.	Name (Please Print) Sarah Your
	City Quicy State IL Zip 6 8305
И.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Blessia Hopotal
III.	POSITION / Circle annual rich and the
111.	POSITION (Circle appropriate position)
	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

ct	Number: 18-042
	IDENTIFICATION Name (Please Print) WARREN £ HAGA
	City OVINCY State IL Zip 6236
	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 18-042

Facility Name: Quincy Medical Group Surgery, Quincy

Public Hearing Appearance Only Registration Form

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

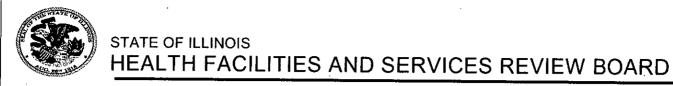
Facility Name: Quincy Medical Group Surgery, Quincy



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility Name: Quincy Medical Group Surgery, Quincy

Project N	Number: 18-042
l.	Name (Please Print) Tanya Beth
	City Quincy State IL zip 42301
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care) Concerned Citizens
III.	POSITION (Circle appropriate position)
	Support Oppose Neutral



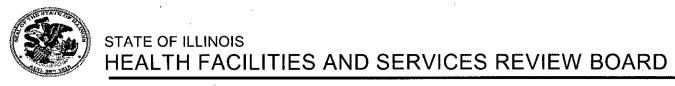
Public Hearing Appearance Only Registration Form

1.	Name (Please Print) Katce Wait
	City Duncy State 12 zip 6230/
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blissing
11).	POSITION (Circle appropriate position)
	Support Oppose Neutral



Project Number: 18-042

REPRESENTATION (This see	Cction is to be filled if	the witness is appeara	ing on behalf of any group, o	organization
Entity, Organization, etc	. represented i	n this appearanc	ce (i.e., ABC Concern	ed Citize
Health Care)	ciha di	leal Ho	Siclano	
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Public Hearing Appearance Only Registration Form

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l.	IDENTIFICATION Name (Please Print)					
	City State zip 0.230					
II.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)					
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for					
	Health Care) BISSING HEATH SUSTEM					
III.	POSITION (Circle appropriate position)					
•						
	Support Oppose Neutral					



Project Number: 18-042

Facility Name: Quincy Medical Group Surgery, Quincy

Public Hearing Appearance Only Registration Form

IDENTIFICATION
Name (Please Print)

City Was State IL Zip 42374

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Blassing Identity

POSITION (Circle appropriate position)

Support Oppose Neutral

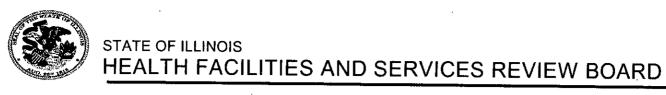


Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

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đ	state		zip_6230
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, etc. represen	ted in this ap	pearance (i.e., Al	BC Concerned Citizens for
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Project Number: 18-042

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Public Hearing Appearance Only Registration Form

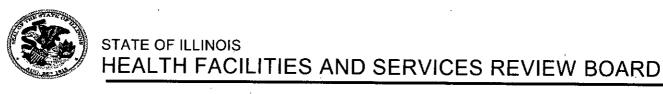
Neutral



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Facility N	Name: Quincy Medical Group Surgery, Quincy
Project N	lumber: 18-042
l.	IDENTIFICATION Name (Please Print) City QUNCY State
It.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.) Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
	Blessing Health System
III.	Support Oppose Neutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION Name (Please Print) Julic Duke

City Urs 9 State IL Zip (237 (

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Blessing

POSITION (Circle appropriate position)

Support Oppose Neutral

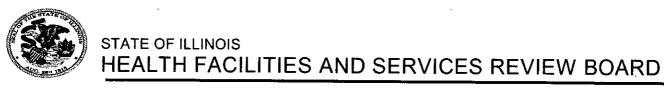


STATE OF ILLINOIS

Facility Name: Quincy Medical Group Surgery, Quincy

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Project	Number: 18-042				
1.	Name (Please Print) WIE Herring				
	city Quina State 1 zip 62305				
И.	REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)				
	Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)				
JH.	POSITION (Circle appropriate position)				
	Support Oppose Neutral				



Project Number: 18-042

Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print) Lichelle Kasparie

City State Th Zip 62305

II. REPRESENTATION (This section is to be filled if the witness is appearing on beholf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Clessing Health System

III. POSITION (Circle appropriate position)

Support Oppose Neutral



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Quincy Medical Group Surgery, Quincy

I. IDENTIFICATION Sharon Stake

City State The Zip 12305

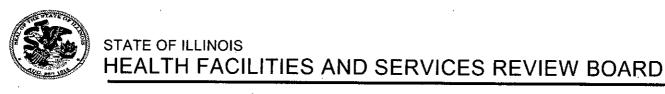
II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Blessing Husputa

III. POSITION (Circle appropriate position)

Support Gapose Neutral



Public Hearing Appearance Only Registration Form

I. IDENTIFICATION
Name (Please Print)

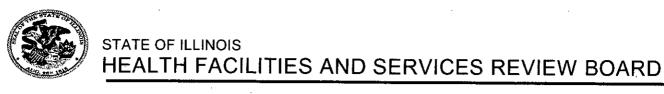
City Quincy State I Zip (p 2305)

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

III. POSITION (Circle appropriate position)

Support Oppose Neutral



Project Number: 18-042

Public Hearing Appearance Only Registration Form

II. IDENTIFICATION Name (Please Print) Rowdy & John Zip 6340/

State M Zip 6340/

II. REPRESENTATION (This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

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POSITION (Circle appropriate position)

Support

Support

Neutral





STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing **Zealing** Registration Form

APPEARANCE

Facility Name: Quincy Medical Group Surgery, Quincy

Project Number: 18-042

IDENTIFICATION Name (Please Print)	ALD ST. Hill		
city QUINCY	State	zip 62305	
entity.)		aring on behalf of any group, organization or othe	
		b .	_
POSITION (please circle appropr	riate position)	,	
Support	Oppose	Neutral	
Testimony (please circle)			
Oral	Written		